MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

077118

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 3 hours -

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg, Md. R#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Haytonsville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anderson-

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single -

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1940

8. AGE: Years — Months — Days — If less than one day 3 hrs. — min.

9. Birthplace Olney Montg. Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Benjamin Franklin Anderson

13. Birthplace New Market, Iowa

MOTHER

14. Maiden name Dora Frances Duvall

15. Birthplace haytonsville, Md.

16. Informant Hospital Records -

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19-1940 (month) (day) (year)

Cemetery or crematory Home Cemetery

Location Near Haytonsville

18. Funeral director Roy W. Barber

Address Laytonsville, Md.

19. July 19 1940 (Date rec'd by registrar) Gertrude B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1940, to July 19 1940, and that I last saw him alive on July 19 1940.

	DURATION
Immediate cause of death	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. [illegible] M. D. or other

Address Sandy Spring, Md Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42B)

07709

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: East Montgomery Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life in County

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: East Montg Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: James Thomas Bean

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma Jane Bean
6(c) If alive, give age: About 72 years

7. Birth date of deceased (mo., day, yr.): December 14 - 1858

8. AGE: Years: 81 | Months: 7 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Brookeville Montg Co Md (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Alexander N. Bean
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anne Wilson
15. Birthplace: Maryland

16. Informant: Mrs. J. T. Bean
Address: East Montg Ave Rockville

17. Burial (Burial, cremation, or removal: Which?) Date thereof: July 26/40 (Month) (day) (year)
Cemetery or crematory: St Marys Catholic Ch
Location: Bean Rockville Md

18. Funeral director: Wm. Reuben Humphrey
Address: Rockville Md

19. 7-25 (Date rec'd by registrar) 19 40 Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1940 at 3:08 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 23 1940, and that I last saw him alive on July 20 1940.

	DURATION
Immediate cause of death: Cancer of Stomach	
Due to	
Due to	
Other conditions: Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. E. Hawkes M. D. or other
Address: Rockville Md Date signed: 7/24/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (163-G)

07710

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Triadelphia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Brookville R.F.D. Md
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Brookeville R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lillie Brown

3. (b) Social Security Number no

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widowed
6. (b) Name of husband or wife: John Brown
6. (c) ~~If alive, give age~~ dead years
7. Birth date of deceased (mo., day, yr.): Feb. 15. 1889
8. AGE: Years 51 Months 4 Days 20 If less than one day ___ hrs. ___ min.
9. Birthplace: Montg. Co. Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Home
FATHER
12. Name: Fred Keys
13. Birthplace: Louisianna USA.
MOTHER
14. Maiden name: Chloe King
15. Birthplace: Montg. Co. Maryland
16. Informant: Cora Askins
Address: Brookeville. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 6 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt Zion Mag
Location: Near Brookeville Md
18. Funeral director: Roy W Barber
Address: Laytonsville, Md.
19. July 6 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1940, at 9 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4 1940, to July 5th 1940, and that I last saw her alive on July 5th 1940.

Immediate cause of death	DURATION
Starvation	68 days
Due to Structure of Oesophagus	apr 25 1940
Due to swallowed lye	apr 4 40

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide attempt suicide Date of unknown
Where did injury occur? Brookeville R.F.D. Montg. Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) none
Means of injury drank Lye Injured at work? —

23. SIGNATURE Chas C Tumbleson M. D. ~~or other~~
Address Sandy Spring Md. Date signed 7/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07711

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46R)

County Montgomery — Registration Dist. No. 223-

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park, Md. — No. Washington Sanitarium + Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elder Walter Burgan — If U. S. Veteran, specify WAR

(a) Residence: No. 314 Garland Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary Burgan

6. DATE OF BIRTH (month, day, and year) August 1, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Publicity Agent

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gen'l. Conference, S.D.A.

10. Date deceased last worked at this occupation (month and year) 7-19-'40

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland.

FATHER

13. NAME William Henry Burgan

14. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland.

MOTHER

15. MAIDEN NAME Emma Banks

16. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date July 27, 1940

19. UNDERTAKER Kirkus Baltimore (Address) 254 Carroll St. Takoma Park D.C.

20. FILED July 25, 1940 J. Stanton Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 24 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939 to July 24, 1940 intermittently

I last saw him alive on July 24, 1940; death is said to have occurred on the date stated above, at 1:28 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Retro-peritoneal sarcoma	Years
Other Contributory Causes of Importance: Pulmonary emboli from thrombi in Iliac veins	minutes

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wallace N. Mook M. D.

(Address) 805 Carroll Ave., Takoma Pk., Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07712

(940)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Brookdale No. 5204 Western Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 2yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth E. Burke If U. S. Veteran, specify WAR

(a) Residence: No. 5204 Western Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Burke

6. DATE OF BIRTH (month, day, and year) March 27 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minn.

FATHER

13. NAME Homer C. Chenoweth

14. BIRTHPLACE (city or town) (State or country) Inda.

MOTHER

15. MAIDEN NAME Susie Nichols.

16. BIRTHPLACE (city or town) (State or country) Minn.

17. INFORMANT Dr. John P. Burke (Address) 5204 Western Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Place Wash. D. C. Date Aug. 2, 1940

19. UNDERTAKER James T. Ryan Inc. (Address) 317 Pa. ave. S.E. Wash. D.C.

20. FILED July 31, 1940 B. C. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 30th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February, 1938, to July 30, 1940.

I last saw her alive on July 26, 1940; death is said to have occurred on the date stated above, at 11 30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 30-1940.

Other Contributory Causes of importance: None

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth Parker M. D.

(Address) 1835 Eye St. N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07713

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Montgomery

City or town: Silver Springs, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kirkside Sanitarium

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Dist of Col. County: ✓

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1700 Kenyon N.W.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Anne P. Chaconas.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 21, 1918

8. AGE:

Years	Months	Days	If less than one day
22	3	6	hrs. min.

9. Birthplace: Wash. D.C. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Patsy E. Chaconas

13. Birthplace: Greece.

MOTHER — 14. Maiden name: Aaitha Dounis

15. Birthplace: Greece.

16. Informant: Steven Chaconas.

Address: 1700 Kenyon N.W. Wash. D.C.

17. Removal (Burial, cremation, or removal, which?) Date thereof July 28, 1940 (month) (day) (year)

Cemetery or crematory: Glenwood

Location: Washington, D.C.

18. Funeral director: W. W. Chambers.

Address: 1400 Chapin. Wash. D.C.

19. 7/28 1940 (Date rec'd by registrar) Sallie B. Selby Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27, 1940, at 9P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to July 27 1940, and that I last saw h-r alive on July 27 1940.

Immediate cause of death	DURATION
Cardiac Valvular (Mitral Stenosis & Incompetency) Due to	
myocarditis Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John D. Thomas M. D. or other

Address: 1500 K St N.W. Washington D.C. Date signed 7-28-40

RECEIVED
AUG 6 1940
BUREAU V. S.

Transp. issued on this certif. to N.J.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07714

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town 7200 Meadow Lane, Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Pennsylvania County ✓

City or town Philadelphia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7519 Lawndale Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs Mary E. Cox

3. (b) Social Security Number None

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Jacob Cox

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30, 1872

8. AGE: Years 67 Months 8 Days 3 If less than one day hrs. min.

9. Birthplace Camden, New Jersey
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Green
13. Birthplace Snow Hill, Maryland

MOTHER
14. Maiden name ? Norton
15. Birthplace ?

16. Informant Mrs. Edna M. Baker

Address 7200 Meadow Lane, Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6, 1940 (month) (day) (year)

Cemetery or crematory Camden, New Jersey

Location Camden, New Jersey

18. Funeral director Wm R Pumphey

Address 7005 Wis Ave Bethesda

19. 7-4- 1940 Thomas K. Conrad
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death acute dilatation of heart due to chronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks
Deputy Med ex of Mont. Co

Address Rockville Md Date signed 7/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

07715

CERTIFICATE OF DEATH

Reg. Dist. No. 2-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: monty

City or town: near Poolesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Tilman Cromwell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	wid

8 (b) Name of husband or wife: Elora Cromwell

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr 1844

8. AGE:

Years	Months	Days	If less than one day
96			hrs. min.

9. Birthplace: Poolesville Md

(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER — 12. Name: Enos Cromwell

FATHER — 13. Birthplace: Pa

MOTHER — 14. Maiden name: Drucilla Brandt

MOTHER — 15. Birthplace: Poolesville Md

16. Informant: Earl Hilberg

Address: Poolesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Martinsburg

Location:

18. Funeral director: Henry C Davis

Address: Poolesville

19. July 10 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 11:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 1940 to July 10 1940

and that I last saw him alive on July 2nd 1940

Immediate cause of death	DURATION
Cardiac myocarditis	7 days
Due to Arterial Sclerosis	10 yrs
Due to Chronic Mitral Insufficiency	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E W White M. D. or other

Address: Poolesville Date signed

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07716

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town Chevy Chase
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 29 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 209 East Thornapple Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Celena A. Cummings

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1910

8. AGE: Years	Months	Days	If less than one day
30	4	16	hrs. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual occupation Secretary
11. Industry or business Department of Interior
FATHER 12. Name James W. Cummings
13. Birthplace Chevy Chase, Md.
MOTHER 14. Maiden name Mary E. Green
15. Birthplace Washington, D. C.
16. Informant Miss Mary Josephine Cummings
Address 209 East Thornapple St. Ch.Ch.Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20-40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Washington, D. C.
18. Funeral director Francis J. Collins
Address 3821 14th. St. N.W. Wash.D.C.
19. July 19 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 7:3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to July 17 1940, and that I last saw her alive on July 17 1940.

	DURATION
Immediate cause of death: Rheumatic Heart Disease	?
Due to: Congestive Heart Failure	1 year
Due to: Acute Rheumatic Fever	1 year
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Michael J. McInerney M.D
M. D. or other
Address 5420 - 16th Ave Washington D.C. Date signed 7-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07717

STATE OF MARYLAND—CERTIFICATE OF DEATH

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

1. PLACE OF DEATH (1630)

County Montgomery Registration Dist. No. 223-

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Darnall If U. S. Veteran, specify WAR

(a) Residence: No. 411 Fulton ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James D Darnell

6. DATE OF BIRTH (month, day, and year) Sept. 1st 1865

7. AGE Years 74 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pa

FATHER

13. NAME Thomas Evans

14. BIRTHPLACE (city or town) (State or country) DC

MOTHER

15. MAIDEN NAME Mary E Funk

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT James D Darnell (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date July 17, 1940

19. UNDERTAKER Harry L Slye (Address) 1009 H St NW Wash. DC

20. FILED July 17, 1940 J Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Coroner Case, 19 , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 9.30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Carbon monoxide poisoning

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 7/17, 1940

Where did injury occur? Takoma Pk Mont Co Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Suicide

Nature of Injury Carbon monoxide poison

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. E. Hawks M. D.

(Address) Deputy Medical Ex of Mont Co Rockville 7

7/17/40

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07718

(191)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park, MD. No. 114 Baltimore Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Dentz If U. S. Veteran, specify WAR

(a) Residence: No. 114 Baltimore Ave St., Ward. Takoma Park, MD

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Dentz

6. DATE OF BIRTH (month, day, and year) Dec. 12, 1850

7. AGE Years 89 Months 7 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ax home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland.

FATHER

13. NAME Jos. Winkler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Shaar

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Miller 114 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rood Cem. Date July 30, 1940

19. UNDERTAKER (Address) J. S. Walters 254 Carroll Street, Wash. D.C.

20. FILED July 27, 1940 J. Hobson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 24, 1940, to July 27, 1940

I last saw her alive on July 26, 1940; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat prostration	7-26-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred V. Parsons M. D.

(Address) 732 Whittier St. N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1930
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a) 07719

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Colesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Col. County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2900-Cleveland ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World

3. (a) FULL NAME George H. Dieckman

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Dieckman

6(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1893

8. AGE: Years 46 Months 6 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Ill (Town, county, and state)

10. Usual occupation Interior Decorator

11. Industry or business ~~Ind.~~

FATHER 12. Name Earnest Dieckman

13. Birthplace Ind.

MOTHER 14. Maiden name Hermina Hausler

15. Birthplace Ill

16. Informant Mary Helen Dieckman

Address 2900-Cleveland ave, nw.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Centralia

Location Centralia, Illinois

18. Funeral director Warner E. Humphrey.

Address 8424-Ga. ave., Silver Spring Md

19. July 13 1940 (Date rec'd by registrar) Sallie B. Lukie Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 4 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death: Strangulation by hanging Suicide

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7/12/40

Where did injury occur? Colesville (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Rope. Injured at work? No

23. SIGNATURE C. E. Hawks. M.D. or other

Address Deputy Chief Eng. Invest. Co. E. Hawks Date signed 7/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 26 1940
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07720

Reg. Dist. No. 418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Near Laytonsville Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 63

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Near Laytonsville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Basil H Tyrall

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife: —
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jany 1 1877

8. AGE: Years: 63 Months: 6 Days: 22 If less than one day: — hrs. — min.

9. Birthplace: Montgomery Co Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER
12. Name: John W Tyrall
13. Birthplace: Montgomery Co Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Dora Cundiff
Address: Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 27 1940 (month) (day) (year)
Cemetery or crematory: Laytonsville Meth
Location: Mont Co Md

18. Funeral director: Roy W Barlow
Address: Laytonsville Md

19. 7/24/1940 (Date rec'd by registrar) 19 L O Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/22/ 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/4 1940, to 7/22/ 1940, and that I last saw h— alive on 7/17/ 1940.

Immediate cause of death	DURATION
Cancerous Ulceration of Stomach	8 mos
Due to	
General Metastasis	4 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: J W B M. D. or other
Address: Sandy Spring Md Date signed 7/22/40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937-L)

07721

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 4 days -

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery Co.

City or town Laurel R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Fairland.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Clay Edwards

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Mrs. Rosie Edwards

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 28, 1871

8. AGE: Years	Months	Days	If less than one day
68	7	16	____ hrs. ____ min.

9. Birthplace Farquhar Co. Virginia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Edwards
13. Birthplace Farquhar Co. Virginia

MOTHER
14. Maiden name Mary Brent
15. Birthplace Va.

16. Informant Hospital Records.
Address

17. Burial Date thereof 7-17-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery, Burtonsville Md.

Location Burtonsville Md.

18. Funeral director W. W. Chambers Co.

Address Riverdale Md.

19. July 16 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 11 55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 14 1940, and that I last saw him alive on July 14 1940.

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	1 day
Due to	
Due to Chronic Myocarditis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring Md Date signed 7/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

07722

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: River Road & Seven Locks, Bethesda, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 34 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda - R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: River Road & Seven Locks
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Beulah Alma Embrey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Clarence R. Embrey

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 7, 1888

8. AGE:

Years	Months	Days	If less than one day
52	0	20	hrs. min.

9. Birthplace: Boyds, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Dillihay
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha
15. Birthplace: Maryland

16. Informant: Clarence Embrey
Address: River Road & Seven Locks, Bethesda, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 30, 1940 (month) (day) (year)

Cemetery or crematory: St. Gabriels

Location: Potomac, Maryland

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wisconsin Bethesda Md.

19. July 29th 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 37, to July 27 1940, and that I last saw h-r alive on July 27 1940.

Immediate cause of death	DURATION
a Apoplexy - Hemiplegia	Instt
Due to # Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lewis Bowman M.D.
M. D. or other

Address: 7 C Georgetown Road Date signed: 7/29/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

CERTIFICATE OF DEATH

07723

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Glen Echo Park, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda, Maryland Rt. # 3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Glen Echo, Maryland
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Horace William Evans

3. (b) Social Security Number: 579-05-5076

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Frances Viola Evans

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 18 - 1917

8. AGE:

Years	Months	Days	If less than one day
23	1	13	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Janitor, Glen Echo Park, Md.

11. Industry or business

FATHER
12. Name: William Evans
13. Birthplace: Prince Geo. County, Md.

MOTHER
14. Maiden name: Agnes Frayers
15. Birthplace: Luray, Virginia

16. Informant: Leonard B. Schoss
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 3, 1940 (month) (day) (year)

Cemetery or crematory: Potomac Cemetery

Location: Potomac, Maryland

18. Funeral director: Mr Rentrew Trumphrey
Address: 7005 Wis Bethesda Md

19. July 3 1940 (Date rec'd by registrar) D. C. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1940, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____ to ____ 19____, and that I last saw h[illegible] alive on ____ 19____.

Immediate cause of death: Coroners Case
Electrocuted Voltage
Approximately

DURATION

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7/1/40

Where did injury occur? Glen Echo Pot Montgomery Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Glen Echo Park

Means of injury: Electrocuted Injured at work? yes

23. SIGNATURE: C E Hawkes
(Physician writes in ink over his signature) M.D. or C.M.

Address: Rockville Md Date signed: 7/1/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164a)

07724

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Rural Redwood md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Forty years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Rural Dawsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Ora Filmore Finneyfrock

3. (b) Social Security Number: none about

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife: Cora V. Finneyfrock
6(c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): August 15 1876

8. AGE: Years	Months	Days	If less than one day
63	10	23	hrs. min.

9. Birthplace: Frederick md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER 12. Name: Daniel Finneyfrock
13. Birthplace: Frederick Co md
MOTHER 14. Maiden name: Unknown
15. Birthplace: Md
16. Informant: Daniel W. Finneyfrock
Address: Rockville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 10 1940 (month) (day) (year)
Cemetery or crematory: Union Cemetery Rockville
Location: Montgomery Co
18. Funeral director: Roy W. Barber
Address: Laytonsville md
19. July 10 1940 (Date rec'd by registrar) Alverda L. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, at 9 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~Oct~~ 19 to 19, and that I last saw ~~him~~ alive on Dec 19

Immediate cause of death	DURATION
Strangulation by hanging	
Due to: Suicide	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 7/8/40
Where did injury occur? (City or town) (County) (State): Near highway between Redland & Derwood Montgomery Md
Injured at home, farm, industry, public place (where?):
Means of injury: Rope Injured at work? no

23. SIGNATURE: C. E. Hawks M.D. or other
Address: Rockville Md Date signed: 7/10/40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07725

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223

WITHIN CORPORATE LIMITS

Village or City Takoma Park — No. 507 Carroll Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME JANE FOLLETT. If U. S. Veteran, specify WAR

(a) Residence: No. Alban Towers St., Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James B. Follett

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1844

7. AGE: Years 95 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Waller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT (Address) Clyde L. Searcy

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lincoln Cem Date July 8, 1940.

19. UNDERTAKER (Address) J. Arthur Walters 254 Carroll St. Takoma Park, D.C.

20. FILED July 6, 1940 J. Milton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 6, (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to July 6, 1940

I last saw her alive on July 5, 1940; death is said to have occurred on the date stated above, at 12 55 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Sudden July 5, 1940

Other Contributory Causes of importance: Hypostatic Pneumonia

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ed Grass M. D.

(Address) 3700 Mass ave N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1949

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54-B)

CERTIFICATE OF DEATH

07726

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Montgomery

City or town: Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sedgwick St. Sanitarium

Stay in hospital or inst. (yrs., or mos., or days): 3 weeks

Stay in this community (yrs., or mos., or days): "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4604 Kansas Ave. N.W. D.C.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert White Foster

3. (b) Social Security Number 227-07-1994

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife: Eleanor Ruth

6(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): April 17 1904

8. AGE:

Years	Months	Days	If less than one day
36	3	6	hrs. min.

9. Birthplace: Salisbury N.C. (Town, county, and state)

10. Usual occupation: Office Manager

11. Industry or business: Transfer Co.

FATHER

12. Name: Tobias Foster

13. Birthplace: Salisbury N.C.

MOTHER

14. Maiden name: Carrie Miller

15. Birthplace: Salisbury N.C.

16. Informant: Eleanor Foster

Address: 4604 Kansas Ave D.C.

17. (Burial, cremation, or removal. Which?) Removal Date thereof: July 26; 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: The P. Nee Co.

Address: 2901 - 14th St. N.W.

19. (Date rec'd by registrar) July 23 1940

Registrar: Hallie B. Fuller, Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1940, at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1940 to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death	DURATION
Cerebellar tumor; malig.?	
Due to Mantle Location: Posterior fossa. Ewing's	
Due to	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Richard B. Thibadeau M.D. M. D. or other

Address: 2012 R St. N.W. D.C. Date signed: 7/23/40

RECEIVED
JUL 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(168)

07727

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Sandy Spring Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montg. Co. Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 40 minutes

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montg.

City or town Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Frazier

3. (b) Social Security Number

4. Sex M.

5. Color or race Black

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1938

8. AGE: Years 1 Months 7 ~~10~~ 14 Days If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name James Barker

13. Birthplace Md.

MOTHER 14. Maiden name Mile Frazier

15. Birthplace Md.

16. Informant Mother

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 23 1940 (month) (day) (year)

Cemetery or crematory Lincoln Park

Location Rockville Md

18. Funeral director Robert Hanoade

Address Rockville Md

19. July 22 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19, and that I last saw h elive on 19

Immediate cause of death Depressed fracture of right frontal & right parietal bone of head

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 7/21/40

Where did injury occur? Lincoln Park (City or town) Montgy (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Father flung child against ground Injured at work?

23. SIGNATURE C E Hawks

Separated by Mont. Co.

Address Rockville Md Date signed 7/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
AUG 8 1940
BUREAU V. S.

07728

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 211

Village or City Boyd. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Frazier If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah Frazier

6. DATE OF BIRTH (month, dey, and year) Dec-27-1856

7. AGE	Yeers	Months	Days	If LESS than 1 dey, hrs. or min.
	83	7	00	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupetion (month end yeer)

11. Total time (yeers) spent in this occupetion

12. BIRTHPLACE (city or town) Hyattstown, Md. (State or country)

FATHER

13. NAME John Bruce

14. BIRTHPLACE (city or town) Hyattstown, Md. (Stete or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (Stete or country)

17. INFORMANT Ada V. Jackson (Address) Boyd, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Rocky Hill Date July 31, 1940

19. UNDERTAKER Snyder & Davis (Address) Rockville Md.

20. FILED July 27, 1940 W E Lewis Deed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) - 27 (Day) - 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from 1938, to July-27-1940

I lest saw h[illegible] alive on May-11-1940; deeth is said to heve occurred on the date steted above, et 10:30 P. m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:

	Date of onset
Carcinoma of Uterus	1938
Other Contributory Causes of Importance:	

Name of operetion Date of

Whet test confirmed diagnosis? Was there en eutopsy?

23. If deeth was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in any wey related to occupetion of deceased?

If so, specify

(Signed) H. C. Snyder, M. D.

(Address) Gaithersburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 7 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07729

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery (46-B) Registration Dist. No. 223

Village or City Takoma Park, Maryland (WITHIN CORPORATE LIMITS) No. Washington Sanitarium + Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. John Garrison If U. S. Veteran, specify WAR ____

(a) Residence: No. 3539 Albemarle St. N.W. St., Ward. Washington D.C.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Ida Garrison

6. DATE OF BIRTH (month, day, and year) Nov. 23, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own farm

10. Date deceased last worked at this occupation (month and year) Dec. 1939

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Marshall Co., W. Va.

FATHER

13. NAME Mr. Hiram Garrison

14. BIRTHPLACE (city or town) (State or country) Green Co., Penn.

MOTHER

15. MAIDEN NAME Miss ? McCombs

16. BIRTHPLACE (city or town) (State or country) Marshall Co., W. Va.

17. INFORMANT (Address) Washington Sanitarium Records Takoma Park. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date July 8, 1940

19. UNDERTAKER (Address) Deal Funeral Home 4812 Georgia Ave N.W.

20. FILED July 8, 1940 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1940, to 7-7, 1940

I last saw him alive on 7-7, 1940; death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Carcinomatosis of the Abdominal Contents	6-10-39
Primary carcinoma of stomach. Duration - two years. C.W.G.R.	
Other Contributory Causes of Importance: Heart failure	7-1-40

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Julian M. Howe M. D.

(Address) 1309 R. Dave N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1 (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(106-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County #8 Quincy St (Montgomery)

City or town Ch. Ch. Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Quincy St.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME H. Prescott Gatley

3. (b) Social Security Number 578-05-2389

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Maybelle H. Gatley

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar 22 1875

8. AGE: Years 65 | Months 3 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: District of Columbia (Town, county and state)

10. Usual occupation: Chairman & Board of Directors

11. Industry or business: Nat'l. Savings + Trust Co.

FATHER

12. Name: William A. Gatley

13. Birthplace: England

MOTHER

14. Maiden name: Mary G. Goodrich

15. Birthplace: New Hampshire

16. Informant: H. P. Gatley, Jr. (son)

Address: 8 Quincy St. Ch. Ch., Md.

17. removal (Burial, cremation, or removal. Which?) Date thereof 7-5-40 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location: Wash. D. C.

18. Funeral director: Jas. Gawler Sons

Address: 1756 - Pa. Ave NW Wash D.C.

19. July 5, 1940 (Date rec'd by registrar) Thomas K. Conrad Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940 at 2 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to July 5 1940 and that I last saw him alive on July 5 1940

Immediate cause of death: Chronic Bronchiectasis — DURATION 5 yrs

Due to unknown

Due to

Other conditions: Pulmonary oedema 8 hrs.

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ferdinand H. Mitchell M.D. M. D. or other

Address: 1736 Eye St. Date signed 7/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 20 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07731

(191)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Washington Grove No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jos Cleveland Griffith If U. S. Veteran, specify WAR .....

(a) Residence: No. Washington Grove St., ... Ward. S.S. 578-05-3196

(Usual place of abode) If ~~nonresident give city or town and State~~

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eve Ryan Griffith

6. DATE OF BIRTH (month, day, and year) March 4 1885

7. AGE	Years	Months	Days	If LESS then 1 day, ... hrs. or ..... min.
55	1885	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) 4590

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME James Edward Griffith

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Sarah Goldsmith

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT (Address) Robert E. Griffith Washington Grove Md.

18. BURIAL, CREMATION, OR REMOVAL Place Alexandria Va. (Bethel) Date July 30, 1940

19. UNDERTAKER (Address) Cunningham Funeral Home Alexandria Va.

20. FILED July 27, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 4.55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coroner Case

Probably Coronary Occlusion due to Chronic Myocarditis

Date of onset

Other Contributory Causes of Importance:

Excessive heat

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. B. Hawks M.D.

(Address) Medical Ex Mont Co Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92C)

07732

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:
County: Montg,
City or town: Germantown Md, R F D#2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 31yrs
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montg,
City or town: Germantown Md R F D-2. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob Hammann

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Joan H Hammann
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct 13th 1861

8. AGE: Years	Months	Days	If less than one day
78	8	20	hrs. min.

9. Birthplace: Fulton Co, Pa, (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business

FATHER
12. Name: Jacob Hammann
13. Birthplace: Germany,

MOTHER
14. Maiden name: Barbara E Weller
15. Birthplace: Germany

16. Informant: Mrs Joan H Hammann
Address: Germantown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7th 40 (month) (day) (year)
Cemetery or crematory: Forest Oak Cemetary
Location: Gaithersburg Md,
18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md,

19. July 5 1940 (Date rec'd by registrar) Abuda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3rd 1940, 7Pm at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-5-1940 to 6-3-1940 and that I last saw him alive on 7/3 1940

Immediate cause of death: Capital Stenosis — DURATION: 9 Mo.
Due to: Chronic Bronchitis
Due to: Possible Carcinoma
This death should not be assigned to coroner
Other conditions: General deterioration
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ✓
Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: J. N. Simpson M. D. or other
Address: Gaithersburg Date signed 7/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07733

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Forest Glen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cor. Forest Glen Rd & Eagle Lane
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Forest Glen, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Cor. Forest Glen Rd & Eagle Lane.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Anna Harrison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Female	Colored	widowed

6 (b) Name of husband or ~~wife~~: Robert N. Harrison
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1870

8. AGE:

Years	Months	Days	If less than one day
69	8	14	____ hrs. ____ min.

9. Birthplace: D.C.
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business
FATHER 12. Name: — Mc Hugh
13. Birthplace: D.C.
MOTHER 14. Maiden name: Unknown
15. Birthplace: D.C.
16. Informant: Mrs. Kenneth Blundon
Address: Forest Glen, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31, 1940 (month) (day) (year)
Cemetery or crematory: St. Johns Cemetery
Location: Forest Glen, Md.
18. Funeral director: Charles E. Pumphrey
Address: 8424 Ga ave. Silver Spring Md
19. July 30 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1940, at 9.40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1939 to July 1940, and that I last saw h alive on July 27 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	4 days
Due to Arteriosclerotic Heart Disease	10 yrs.
Due to	
Other conditions: Generalized Arteriosclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: 8252 Georgia Ave. Date signed 7/29/40

RECEIVED
AUG 6 1940
BUREAU V. S.

Social Security No.: 060-05-8661 (Poss.)

07734

STATE OF MARYLAND—CERTIFICATE OF DEATH

(94a)

1. PLACE OF DEATH

County Montgomery Co. Registration Dist. No. 223

WITHIN CORPORATE LIMITS OF

Village or City Takoma Park. No. Washington Sanitarium + Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 hours How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr James Harrison If U. S. Veteran, specify WAR .....

(a) Residence: No. Fairfax, Virginia. Box 77. Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 21, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Columbia Wholesale Co.

10. Date deceased last worked at this occupation (month and year) June, 27, 1940

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME James Harrison Sr.

14. BIRTHPLACE (city or town) (State or country) ? England

MOTHER

15. MAIDEN NAME Anne Gregg.

16. BIRTHPLACE (city or town) (State or country) ? England

17. INFORMANT (Address) Washington Sanitarium Records Takoma Park. Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfax Va. Date July 20, 1940

19. UNDERTAKER (Address) E. W. Groff Fairfax Va.

20. FILED July 20, 1940 [signature] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1940, to ....., 19....

I last saw him alive on July 20, 1940; death is said to have occurred on the date stated above, at 13:21 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart dis. Coronary sclerosis probably recent occlusion 1st degree A V block	1 1/2 yr

Other Contributory Causes of importance:

Cardiac decompensation and failure	2-3 mo

Name of operation 0 Date of .....

What test confirmed diagnosis? 0 KG Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify .....

(Signed) Chas. H. Holobrook M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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AUG 5 1949
INTERNAL REVENUE

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgo.

City or town: Rockville, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgo.

City or town: Rockville.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edna May Hawkins.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband ~~or wife~~ Freeman Hawkins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 23. 1907

8. AGE: Years 33 | Months 0 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace: Germantown, Md.
(Town, county, and state)

10. Usual occupation: Gen. Housework.

11. Industry or business

FATHER
12. Name: George W. Wims.
13. Birthplace: Clarksburg, Md

MOTHER
14. Maiden name: Lillie May Day.
15. Birthplace: Clarksburg, Md.

16. Informant: Lillie May Wims.
Address: Emory Grove, Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: July 26 1940
(month) (day) (year)

Cemetery or crematory: Rocky Hill

Location: Clarksburg, Md.

18. Funeral director: Robert R. Snowden

Address: Rockville, Md.

19. 7-25 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1940 at 8:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19..., to ..... 19.....

and that I last saw h alive on ..... 19.....

Immediate cause of death: Gun shot wound in lower left chest posteriorly in mid-axillary region. Hemorrhage & shock

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: homicide Date of: 7/23/40

Where did injury occur? Lincoln Park (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Gun shot wound Injured at work? no

23. SIGNATURE: C. E. Hawkins Deputy Med. Ex. Montgo. Co. Dr or other

Address: Rockville Md Date signed: 7/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07736

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Glen Road, Rockville, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Harry Hodges

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: None
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 22, 1870

8. AGE:

Years	Months	Days	If less than one day
70	4	10	hrs. min.

9. Birthplace: Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Henry Hodges
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Bailey
15. Birthplace: Maryland

16. Informant: Mr. Gene Veirs
Address: Glen Road, Rockville, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5, 1940 (month) (day) (year)
Cemetery or crematory: St. Mary's Cemetery
Location: Rockville, Maryland

18. Funeral director: Wm. Reuben Pumphrey
Address: Rockville - Maryland

19. July 3 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from found dead on arrival to July 2 1940, and that I last saw h (unattended by a physician) alive on

Immediate cause of death	DURATION
Acute dilatation of heart	suddenly
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: G. O. Hartley, M.D. M. D. or other
Address: Rockville, Md. Date signed: July 3, 1940

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AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07737

CERTIFICATE OF DEATH

Reg. Dist. No. 2113

1. PLACE OF DEATH:

County: Montgomery

City or town: Gaithersburg, rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Quince Orchard

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Gaithersburg, rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Quince Orchard
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Male infant Howard

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 3, 1940

8. AGE: Years: Stillborn | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Gaithersburg, R.F.D., Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER
12. Name: Kenneth H. Howard
13. Birthplace: Gaithersburg, Md.

MOTHER
14. Maiden name: Elizabeth Woodfield
15. Birthplace: Damascus, Md.

16. Informant: Mrs. Kenneth H. Howard
Address: Gaithersburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 4, 1940 (month) (day) (year)

Cemetery or crematory: On premises at Quince

Location: Orchard, Montg. Co., Md.

18. Funeral director: Parents

Address: —

19. July 4 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1940, at 10 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 3 1940, and that I last saw him alive on July 3 1940.

Immediate cause of death: Stillborn (macerated) at 6 1/2 months

Due to:

Due to: No cause apparent. No toxaemia, B.P. & urine normal. Wassermann negative.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings: —

Of operations:

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm. R. Linthicum, M.D.
M. D. or other

Address: Rockville, Md. Date signed: July 4, 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07738

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (940a)

County Montgomery Registration Dist. No. 218

Village or City Brookeville md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Singleton Howard

(a) Residence: No. Brookville md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 11, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Montgomery Co. Md. (State or country)

FATHER

13. NAME John Howard

14. BIRTHPLACE (city or town) Howard co. md (State or country)

MOTHER

15. MAIDEN NAME Harriet Farther

16. BIRTHPLACE (city or town) Howard co Md (State or country)

17. INFORMANT Hattie Parker (Address) Brookville md

18. BURIAL, CREMATION, OR REMOVAL Place Howard Chapel Date aug. 3, 1940

19. UNDERTAKER A. M. Sprecher (Address) Mt. Airy Md

20. FILED Aug 3, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
due to Chronic	
myocarditis	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Brookville md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting [illegible]

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07739

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131a)

County Montg. Co, Registration Dist. No. 218

Village or City Gaithersburg Md No. Methodist Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 10 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eppie Hutchison

~~Gaithersburg Md, (City)~~ If U. S. Veteran, specify WAR

(a) Residence: No. Bethesda, Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): Oct 5th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1852 87	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Keeping

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: " "

10. Date deceased last worked at this occupation (month and year): "

11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Thomas Hutchison

14. BIRTHPLACE (city or town) (State or country): Va,

MOTHER

15. MAIDEN NAME: Mary E Gist

16. BIRTHPLACE (city or town) (State or country): Va,

17. INFORMANT (Address): H M Wilson, Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL: Forest Oak, Place Gaithersburg Md Date July 9/40, 19

19. UNDERTAKER (Address): Ernest C Gartner Gaithersburg Md

20. FILED July 8, 1940 Alsinda S. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1940, to July 6, 1940

I last saw her alive on July 6, 1940; death is said to have occurred on the data stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic interstitial nephritis	
Cerebral hemorrhage	June 26 1940

Other Contributory Causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Esther F. Kuhn M. D.

(Address) Poolesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 8 1940 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

07740

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Poolesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Judy

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: —
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 22, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Olney, Montgomery Co. Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name David Preston Judy
13. Birthplace Upper Track, West Va.

MOTHER
14. Maiden name Orpha Jerrel Furloer
15. Birthplace Chaneysville, Penna.

16. Informant Hospital Records
Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)
Cemetery or crematory Montgomery County General Hospital
Location Olney, Md.

18. Funeral director The Montgomery County General Hospital
Address Olney, Md. per F. M. Leisner Supt.

19. July 23 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Still born July 22, 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Still born
Due to 7 mos
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Sandy Spring, Md Date signed 7/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

07741

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
WITHIN CORP. LIMITS
City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR no

3. (a) FULL NAME Mrs Dora L. Kerr

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Virgil Kerr
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May - 29 - 1859

8. AGE: Years 81 | Months 10 | Days 10 | If less than one day hrs. min.

9. Birthplace Oakland Co. Fairfax Va.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Isaac Leeds

13. Birthplace New Jersey

MOTHER 14. Maiden name Mary W. Thompson

15. Birthplace Washington

16. Informant Mrs Nellie K. Kerr

Address Springhouse Pa.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location S. T. Hines Co.

18. Funeral director

Address 7901 - 14th St. NW

19. July 9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 5:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/18/39 1939 to 7/9/40 1940, and that I last saw h or alive on 7/8/40 1940

Immediate cause of death Generalized arteriosclerosis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John E. Emerton M.D.
M. D. or other

Address 6501 - 14th St. NW Washington, D.C. Date signed 7/9/40

RECEIVED
AUG 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07742

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Montgomery

City or town Chevy Chase md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 110 Wolten St.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Chevy Chase md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Murphy Keyser

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife John Keyser

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	8	6	hrs. min.

9. Birthplace Sagg Bridge Ill.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name James Budges

13. Birthplace Ireland

MOTHER

14. Maiden name Bridges Whelan.

15. Birthplace Ireland.

16. Informant Mrs George A. Keyser.

Address 119 Wolten Ave.

17. Washington D.C. Date thereof July - 5 - 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director S. W. Hines Co.

Address 2901 - 14th St. N.W.

19. July 5 1940 B.C. Berry, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1940, at 6:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1940, to July 5 1940, and that I last saw her alive on July 5, 1940.

Immediate cause of death	DURATION
Coronary artery sclerosis & heart failure.	
Due to	
Due to	
Other conditions Essential Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

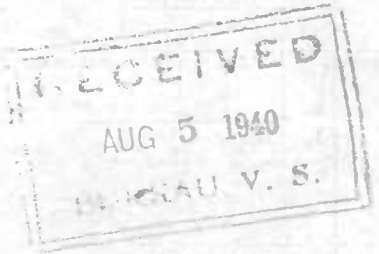
23. SIGNATURE Bertram F. Schafer M.D.

M. D. or other

Address 3806 Benton St. N.W. Date signed 7/5/40

Coroner of Montgomery County Maryland was notified of the death and gave me permission to fill out the death certificate.

Bertram F. Schaefer M.D.



07743

STATE OF MARYLAND
CERTIFICATE OF DEATH

(83a)

Registration Dist. No. 214

1 PLACE OF DEATH

County Montgomery Co

Village or City Silver Spring (No. 800 Roeder Rd St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gertrude Ann Duncan King

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

Husband: Henry J. King

6 DATE OF BIRTH: Aug (Month) 10 (Day), 1877 (Year)

7 AGE: 62 yrs. 11 mos. 1 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or establishment in which employed or (employer) Housewife

9 BIRTHPLACE (State or country): Shiloh Va

PARENTS

10 NAME OF FATHER: Charles Lewis Jones

11 BIRTHPLACE OF FATHER (State or country): King George Co Va

12 MAIDEN NAME OF MOTHER: Sarah Frances Edwards

13 BIRTHPLACE OF MOTHER (State or Country): King George Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ethel Marvel daughter

(Address) 802 Roeder Rd

15 No Social Security number

Filed July 12 1940 Sallie B. Lerling Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 11 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from July 5 1940 to July 11, 1940 that I last saw her alive on July 11, 1940 and that death occurred on the date stated above, at 3:40 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) ___ yrs. ___ mos. 6 ds.

Contributory Secondary: Arterial hypertension unknown (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A E Marland M. D.

July 11 1940 (Address) 1216 Sixteenth St NW Washington D C

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Cedar Hill Cemetery

DATE OF BURIAL: July 13, 1940

20 UNDERTAKER: Warner E. Pumphrey

ADDRESS: Silver Spring Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

AUG 6 1940
BUREAU V. S.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

07744

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 5

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Derwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Redland.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Harvey Julian King Jr.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 2, 1940

8. AGE: Years | Months 1 | Days 3 | If less than one day — hrs. — min.

9. Birthplace Olney, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation Infant.

11. Industry or business —

FATHER
12. Name Harvey King
13. Birthplace Halpine, Md.

MOTHER
14. Maiden name Gertrude Mullican
15. Birthplace Layhill, Md.

16. Informant Hospital Records.

Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 6 1940
(month) (day) (year)

Cemetery or crematory Tay Hill Cemetery

Location Tay Hill — Md.

18. Funeral director Wm. Reuben Pumphrey

Address Bethesda — Md.

19. July 5 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 8 52 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 5 1940, and that I last saw him alive on July 5 1940.

Immediate cause of death
Malnutrition; primary cause: unknown. Duration: four days. C.W.S.R.

DURATION
?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy no —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Chas. C. Tumbleson
M. D. or others

Address Sandy Spring, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

07745

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montrose - Maryland

City or town Rural nr Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Monty

City or town Montrose - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R & D Rockville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Garnett Koiner

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mary Catherine S. Koiner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 26 - 1867

8. AGE: Years 72 | Months 9 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER

12. Name Michael Koiner

13. Birthplace Virginia

MOTHER

14. Maiden name Mary Jane - Unknown

15. Birthplace Virginia

16. Informant Margaret Scherrer - sister in law

Address Montrose - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 - 1940 (month) (day) (year)

Cemetery or crematory St Mary's Catholic Church

Location Near Rockville - Md

18. Funeral director Wm. Reuben Humphrey

Address Rockville - Maryland

19. 7-22-40 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Probably coronary occlusion due to chronic myocarditis Heat likely was a contributing factor

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE C. G. Hawks M. D. or other

Address Rockville Md Date signed 7/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07746

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery - Md -
City or town Burtonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) no —
Stay in this community (yrs., or mos., or days) 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Ednor Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Burton Leisear

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Oscar C. Leisear
Farmer 6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 1, 1879

8. AGE:

Years	Months	Days	If less than one day
61	3	13	hrs. min.

9. Birthplace Burtonsville, Md. (Town, county, and state)
10. Usual occupation ~~None~~ Housewife
11. Industry or business own home
FATHER 12. Name George D. Burton
13. Birthplace Md.
MOTHER 14. Maiden name Emma Magruder
15. Birthplace Va.
16. Informant Oscar C. Leisear
Address Ednor, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)
Cemetery or crematory Burtonsville Union
Location Burtonsville, Md.
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19. July 16 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1940, at 5:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6th 1940, to July 14th 1940, and that I last saw her alive on July 14th 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	8 days
Due to Hypertension	uncertain
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Chas. E. Tompkinson M.D.
M. D. or other
Address Sandy Spring Md. Date signed 7/16/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 39-C

07747

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Near Damascus - (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. #2 Gaithersburg

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 7 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Near Damascus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. #2 Gaithersburg
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joseph Thomas Lynch

3. (b) Social Security Number 213-12-1156

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Elsie Brown Lynch

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1869

8. AGE:

Years	Months	Days	If less than one day
71	5	26	____ hrs. ____ min.

9. Birthplace Montgomery County, Md
(Town, county, and state)

10. Usual occupation Retired - Engineer - Interstate Park

11. Industry or business of Glen Echo Amusement Park.

FATHER 12. Name William Thomas Lynch

13. Birthplace Montgomery Co. Md

MOTHER 14. Maiden name Mary Agnes Tarlton

15. Birthplace Montgomery Co. Md

16. Informant Norman C. Lynch

Address Same -

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery -

Location Washington D.C.

18. Funeral director Mr Reuben Pumphrey

Address 7005, Wis Ave Bethesda Md

19. July 5 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25, 1940, to July 4, 1940, and that I last saw him alive on July 4, 1940.

	DURATION
Immediate cause of death Rocky Mountain Spotted Fever	10 days
Due to —	
Due to —	
Other conditions Generalized Arteriosclerosis ?	

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. McKendree Boyer M.D.
M.D. or other

Address Damascus Md Date signed July 4, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-E)

CERTIFICATE OF DEATH

07748

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: 9018 - 1st Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Same Montg.
City or town: Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 9018 - 1st Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dolly Wilson Magruder

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
8 (b) Name of husband or wife: Mr. Pinkey Magruder
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 5 - 1857

8. AGE: Years: 81 | Months: 3 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Retired (Housewife)
11. Industry or business:
FATHER 12. Name: Richard Wilson
13. Birthplace: Md.
MOTHER 14. Maiden name: Laura Cawley
15. Birthplace: Md.
16. Informant: Mrs. Geo. Clark.
Address: 9018 Fenton St Silver Spring
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26. 1940 (month) (day) (year)
Cemetery or crematory: Grace Church Cemetery
Location: Silver Spring Md.
18. Funeral director: Haines & Humphrey
Address: Silver Spring Md
19. 7/25 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 24th 1940, and that I last saw her alive on July 24th 1940.

Immediate cause of death: Cerebral embolism — DURATION: July 14, 40
Due to: General arterio sclerosis — July 1939
Due to: unknown
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Lloyd D. Palmer M.D.
M. D. or other
Address: Hyattsville Md. Date signed: July 24 40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07749

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery County, Md.
City or town Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 100 - Allegheny Ave, Takoma Pk, Md
Stay in hospital or inst. (yrs., or mos., or days) None.
Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery Co.,
City or town Takoma Pk, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 100 - Allegheny Ave,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Frank Asbury Marden

3. (b) Social Security Number 579-05 6830

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or wife~~ wife Laura Asbury Marden

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 18, 1869

8. AGE:

Years	Months	Days	If less than one day
71	3	13	____ hrs. ____ min.

9. Birthplace St. Mary's County, Maryland (Town, county, and state)
10. Usual occupation Steam engineer
11. Industry or business Retired

FATHER
12. Name Thomas Marden
13. Birthplace St. Mary's County, Md

MOTHER
14. Maiden name Hannah Smith.
15. Birthplace St. Mary's County, Md

16. Informant Laura D. Marden, wife.
Address 100 Allegheny Ave, Md.
17. Wash. Memorial Park Date thereof July 5, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wash. Memorial Park,
Location Montgomery Co., Md.
18. Funeral director W. W. Chambers.
Address 1400 - Chapin St., N. W.
19. July 1 - 1940 J. Fletcher Dodd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1932 to July 1 1940, and that I last saw him alive on July 1 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	Sudden
Due to Hypertension	8 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. M. A. Thomson M.D
M. D. or other
Address 112 Carroll St. N. W. Date signed July 1, 1940

RECEIVED
JUL 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07750

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Kensington, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry C. Meem

3. (b) Social Security Number 705-07-8501

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Nora G. Meem

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 14 - 1870

8. AGE: Years 69 | Months 11 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington Grove, Montg Co Md (Town, county, and state)

10. Usual occupation Telegraph Operator

11. Industry or business

FATHER 12. Name Clove Meem

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Jane Moe

15. Birthplace Maryland

16. Informant Harry C. Meem Jr.

Address Kensington, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/11/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilleary

Address Barnesville Md

19. July 10 1940 (Date rec'd by registrar) Mrs C. C. Hilleary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1940 to July 8 1940, and that I last saw him alive on July 8 1940

Immediate cause of death Cerebral Hemorrhage — DURATION June 30/40

Due to Arterial Sclerosis — 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. White M. D., or other

Address Poolesville Date signed 7/8/40

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AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07751

Reg. Diat. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Clifton Park.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days): 10 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Clifton Park. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR -

3. (a) FULL NAME: Carrie D. Merrifield

3. (b) Social Security Number: No. -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married.

8 (b) Name of husband or wife: Wm. F. Merrifield
6(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): Jan. 26 1867

8. AGE: Years	Months	Days	If less than one day
73	5	13	____ hrs. ____ min.

9. Birthplace: Bucksport, Maine (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: -

FATHER
12. Name: George Rich
13. Birthplace: Bucksport, Maine

MOTHER
14. Maiden name: Harriet Rich
15. Birthplace: Bucksport, Maine

18. Informant: Son - Homer W. Merrifield
Address: Clifton Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimore Maryland
18. Funeral director: F. B. Shippert & Son
Address: 3600 Eastern Place, Baltimore, Md.

19. 7/14 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-17- 1940 at 11:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-2 1940 to 7-17 1940 and that I last saw her alive on 5-10- 1940

Immediate cause of death	DURATION
Cardiac Failure	
Due to: Cardiac Asthma	7 yrs
Due to:	
Other conditions: Hypertension	7 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: N. T. Lucas M. D. or other
Address: 9601 Georgia Ave. Silver Spring, Md. Date signed 7/17/40

RECEIVED
JUL 30 1940
BUREAU V. R.

0461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

07752

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1-E Kirke St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1-E. Kirke
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: John Scott Parker

3. (b) Social Security Number: no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Married

6 (b) Name of husband or wife: Alice Lee Parker
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 13 1873

8. AGE:

Years	Months	Days	If less than one day
67	6	14	____ hrs. ____ min.

9. Birthplace: Anniston, Alabama (Town, county, and state)
10. Usual occupation: Retired Lawyer.
11. Industry or business

FATHER
12. Name: Wm A. Parker
13. Birthplace: Alabama

MOTHER
14. Maiden name: Martha English
15. Birthplace: unknown

16. Informant: William Lee Parker - Son
Address: 1-E. Kirk St. Ch. Ch. Md.

17. (Burial, cremation, or removal. Which?) Date thereof: 7-29-40 (month) (day) (year)
Cemetery or crematory: Rock Spring Belair Md
Location: Belair Md.

18. Funeral director: Wm Reuben Pumphrey
Address: 7005 Wis Ave Bethesda Md

19. July 29th 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9th 1940 to July 27th 1940, and that I last saw him alive on July 27th 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: arterio-sclerosis	5 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B. C. Perry M.D.
M. D. or other
Address: Bethesda, Md Date signed: 7-29-40

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AUG 5 1940
BUREAU V. S.

07753

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County MONTGOMERY Registration Dist. No. 214

Village or City SILVER SPRING MD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Payne If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED

5a. If married, widowed, or divorced HUSBAND ~~of~~ (or) ~~WIFE of~~ Hattie PAYNE

6. DATE OF BIRTH (month, day, and year) Jan. 18, 1861

7. AGE 79 Years 1861 Months 5 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) REMINGTON VA. (State or country) Fauquier

FATHER

13. NAME Daniel James Payne

14. BIRTHPLACE (city or town) Remington Va. (State or country) Fauquier

MOTHER

15. MAIDEN NAME Mary C Wheatley

16. BIRTHPLACE (city or town) Remington Va (State or country) Fauquier

17. INFORMANT Mrs. Ada Cramer (Address) Silver Spring, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington Date 7/6, 1940

19. UNDERTAKER Burhart (Address) 301 E. Ong St

20. FILED 7/7, 1940 Sallie B. Liling Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 6, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1940, to July 6, 1940. I last saw him alive on July 6, 1940; death is said to have occurred on the date stated above, at 8:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	Indefinite
Other Contributary Causes of Importance: Cerebral hemorrhage	2 days

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) 6911 5th St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrochteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a) 07754

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sav. & Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 1½ days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3219 Quesada St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Frederick Peel

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband~~ or wife Eleanor Peel

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1893

8. AGE: Years 46 | Months 7 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace St. Paul, Minnesota
(Town, county, and state)

10. Usual occupation Horticulturist

11. Industry or business Department of Agriculture

FATHER
12. Name Frederick H. Peel
13. Birthplace Bradford, England

MOTHER
14. Maiden name Bessie Kerr
15. Birthplace Toronto, Canada

16. Informant Washington Sav. & Hosp. Records

Address Takoma Park, Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director S. H. Hines Co.

Address 2901 - 14th St. N.W.

19. July 7 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 7 45 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 7 1940, and that I last saw h— alive on 7 45 July 7, 1940

Immediate cause of death: Hypertensive Cardiovascular disease

Due to Cardiac Decompensation failure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cardiovascular pathology

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. H. Hobbins M.D. M.D. or other

Address 707 Carroll Ave Takoma Park Md. Date signed 7/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(124E)

07755

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Monty. Co. Gen'l Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Germantown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Prather

3. (b) Social Security Number —

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of ~~husband~~ or wife Unknown
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 3, 1900
8. AGE: Years 40 Months 4 Days 16 If less than one day hrs. min.
9. Birthplace Germantown, Md. (Town, county, and state)
10. Usual occupation Labour
11. Industry or business —
FATHER 12. Name George Prather
13. Birthplace Germantown, Md.
MOTHER 14. Maiden name Henrietta Hall
15. Birthplace Monty. Co. Md.
16. Informant Hospital Records.
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22 1940 (month) (day) (year)
Cemetery or crematory Browns Found
Location Germond Found
18. Funeral director Robert L. Snouder
Address Rockville Md
19. July 22 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 3:10 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 19 1940, and that I last saw him alive on July 19 1940.

Immediate cause of death: atrophic cirrhosis of the liver — DURATION: unknown
Due to
Due to unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations not operated
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
~~Nature of injury~~ Injured at work?

23. SIGNATURE Chas. Trimbleson MD M. D. or other
Address Sandy Spring Md Date signed 7/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(191)

07756

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 4425 Montgomery Ave., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 9 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4425 Montgomery Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ingomar E. Rehlaender

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Rose Belt Rehlaender

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 17, 1863

8. AGE:

Years	Months	Days	If less than one day
76	8	8	____ hrs. ____ min.

9. Birthplace: Missouri
(Town, county, and state)

10. Usual occupation: Retired Government Clerk

11. Industry or business

FATHER
12. Name: Frederick A. W. Rehlaender
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: W. N. Rehlaender

Address: 4811 Middlesex Lane, Edgemoor, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 27, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Washington & Balto. Blvd., at District Line

18. Funeral director: W Reuben Humphrey

Address: 7005 Wis Ave. Bethesda. Md

19. 7-26 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940, at 3:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1940, to July 25 1940, and that I last saw him alive on July 24 1940.

Immediate cause of death: Heat exhaustion

Due to: Endocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. A. A. Dunn M. D. ~~or other~~

Address: Bethesda Md Date signed: 7-25-40

RECEIVED
JUL 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-a

07757

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 8 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Layhill —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley Mae Robey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 8, 1940

8. AGE: Years | Months: 2 | Days: 8 | If less than one day: hrs. min.

9. Birthplace Olney, Montg. Co. Maryland
(Town, county, and state)

10. Usual occupation Infant.

11. Industry or business

FATHER 12. Name Earl Robey

13. Birthplace Maryland.

MOTHER 14. Maiden name Ella Burriss

15. Birthplace Glenmont, Maryland.

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18, 1940 (month) (day) (year)

Cemetery or crematory Layhill Church cem.

Location Layhill Md.

18. Funeral director Wm Reuben Humphreys

Address Rockville Md.

19. July 17 1940 (Date rec'd by registrar) Gertrude B. Lawlor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 8, 1940, to July 16 1940, and that I last saw her alive on July 16 1940.

Immediate cause of death Bronchopneumonia — La Grippe — DURATION July 8, 1940

Due to Hypoplasia of the Skull

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or Other

Address Sandy Spring, Md. Date signed

RECEIVED
AUG 8 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07758

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS

City or town Takoma Park Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium + Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 1/2 months

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington, D.C. County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1532 Varnum N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob Rosenbloom

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Sarah Rosenbloom

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1876

8. AGE:

Years	Months	Days	If less than one day
64	5	28	hrs. min.

9. Birthplace ? Russia (Town, county, and state)

10. Usual occupation Grocer

11. Industry or business Own business

FATHER

12. Name Ralph Rosenbloom

13. Birthplace ? Russia

MOTHER

14. Maiden name Teresa Diamond

15. Birthplace ? Russia

16. Informant Washington Sanitarium Records

Address Takoma Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7/20/40 (month) (day) (year)

Cemetery or crematory Oak Grove Cem

Location Washington D.C.

18. Funeral director B. Ramsburg & Son

Address 3501 Rhode Island Ave

19. July 20 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 8:40 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 5 1940, to July 20 1940, and that I last saw h- alive on July 20 1940.

Immediate cause of death	DURATION
Hypostatic Pneumonia	72 hrs
Due to Congestive Heart Failure	6 wks
Due to Acute Coronary occlusion	6 months
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Dessoff M. D. or other

Address 900-17th St N.W. Wash. D.C. Date signed 7/20/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-2)

CERTIFICATE OF DEATH

07759

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery County
City or town Olney, (Maryland)
(If outside city or town limits write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earl Ross.

3. (b) Social Security Number 212-16-3942 (Ross)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 4, 1904

8. AGE:

Years	Months	Days	If less than one day
35	9	21	hrs. min.

9. Birthplace Rockville, Montgomery Co. Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Anderson Ross
13. Birthplace Rockville, Md.
MOTHER 14. Maiden name Valleria Sicklea
15. Birthplace Barnesdown, Md.
16. Informant Hospital records
Address
17. Burial, cremation, or removal. Which?) Buried Date thereof July 27, 1940 (month) (day) (year)
Cemetery or crematory Lynnbrook Park
Location Rockville, Md.
18. Funeral director Robert L. Snowden
Address Rockville, Md.
19. July 26 1940 Gertrude B Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 7 A.M. SD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 25 1940, and that I last saw him alive on July 25 1940.

Immediate cause of death Hypertensive Encephalopathy — DURATION 1 day
Primary cause: Unknown.
Due to: Not Due to Lead Poisoning
Essential Hypertension
Due to Duration of the hypertensive encephalopathy: twelve hours.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. R. B.
M. D. or other
Address Sandy Spring, Md. Date signed 7/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

07760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County: Montgomery
City or town: (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Geo. Ave. Extended
~~Stay in hospital or inst. (yrs., or mos., or days)~~ Near Viersville Pk.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Ward No. 9
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Geo. Ave. Extended
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Olen Burr Shaver

3. (b) Social Security Number: 214-03-8859

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Caroline Mollohan
6(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): Aug. 26, 1880
8. AGE: Years 59 | Months 11 | Days 3 | If less than one day ___ hrs. ___ min.
9. Birthplace: Flatwoods, W. Va (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Sil. Spring Build. Sup. Co.
FATHER
12. Name: Asa Lee Shaver
13. Birthplace: Flatwoods, W. Va
MOTHER
14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Olen Lee Shaver
Address: Rt. 1 Silver Springs, Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: July 29, 1940 (month) (day) (year)
Cemetery or crematory
Location: Washington, D. C.
18. Funeral director: J. Wm Lee's Sons Co.
Address: Washington, D. C.
19. 7-29 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29, 1940, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9, 1940, to July 29 1940, and that I last saw him alive on July 20 1940.
Immediate cause of death: Coronary thrombosis — DURATION: few min.
Due to: preceded by severe thoracic neuralgia, cough with — 7 weeks
Due to: slight bloody expectoration
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Julia M. Green, M.D. (M. D. or other)
Address: 1726 Eye St. N.W. Washington, D.C. Date signed: July 29, '40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

07761

Reg. Dist. No. 218

1. PLACE OF DEATH:
County: Montgomery
City or town: Laytonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Kensington + Latonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph M. Simpson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	AA	Married

8 (b) Name of husband or wife: Isabella Simpson
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): 5.17.72

8. AGE: Years	Months	Days	If less than one day
68	1	21	hrs. min.

9. Birthplace: Montgomery Co. Md.
(Town, county, and state)
10. Usual occupation: Printer
11. Industry or business: Govt. Print Office
FATHER 12. Name: Joseph W. Simpson
13. Birthplace: Montg. Co. Md.
MOTHER 14. Maiden name: Martha S. Corn
15. Birthplace: Montg. Co. Md.
16. Informant: William Simpson
Address: Gaithersburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 9 1940 (month) (day) (year)
Cemetery or crematory: Brookside
Location: Near Laytonsville Md
18. Funeral director: Roy W. Barber
Address: Laytonsville Md
19. 7/9/40 (Date rec'd by registrar) C. D. Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1940, at 4 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1937 to July 7 1940 and that I last saw him alive on July 3 1940

Immediate cause of death: Uraemic Coma — DURATION:
Due to: Glomerulonephritis; chronic. Duration: Undetermined
Due to: Arterio-sclerotic Hypertension
Other conditions: Aortic Insufficiency, Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Webster Sewell M.D.
M. D. or other
Address: Norbeck Md Date signed: 7-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-e)

07762

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County: Montgomery
City or town: Sandy Spring
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred: none
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Monty.
City or town: Sandy Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Baby Snowden

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Fem.	A.A.	Infant

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 27, 1940

8. AGE: Years	Months	Days	If less than one day
none	none	none	0 hrs. 20 min.

9. Birthplace: Sandy Springs Md
(Town, county, and state)
10. Usual occupation: Infant
11. Industry or business

FATHER
12. Name: Thomas Snowden Jr.
13. Birthplace: Howard Co. Md.

MOTHER
14. Maiden name: Myrtle Copeland
15. Birthplace: Laytonsville, Md

16. Informant: Thomas Snowden Jr.
Address: Sandy Springs, Md

17. (Burial, cremation, or removal. Which?) Buried Date thereof: July 28 1940 (month) (day) (year)
Cemetery or crematory: Sandy Springs.
Location: Sandy Springs Md.

18. Funeral director: Robert L. Snowden
Address: Rockville, Md.

19. July 28 1940 (Date rec'd by registrar) Gertrude Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7.27 1940, to 7.27 1940
and that I last saw her alive on 7.27. 1940

Immediate cause of death	DURATION
Asphyxia	
Due to: Head in Birth Canal	
Due to: Breech Presentation	
Both arms Extended above Head.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Webster Sewell M.D.
M. D. or other
Address: Norbeck Md. Date signed: 7-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07763

(93-d)

Reg. Dist. No. 218

1. PLACE OF DEATH:
County Montgomery
City or town Claysville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Claysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Story
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary W. Ely
6(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) August 5. 1866
8. AGE: Years 73 Months 11 Days 5 If less than one day ___ hrs. ___ min.
9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Farmer (Has not worked for 10 years)
11. Industry or business Own Farm
FATHER 12. Name William H. Story
13. Birthplace Virginia
MOTHER 14. Maiden name Elizabeth Johnson
15. Birthplace Virginia
16. Informant Mrs Elmer Ayton
Address Derwood, Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12 1940 (month) (day) (year)
Cemetery or crematory Brookville Md
Location Montgomery Co Md
18. Funeral director Roy W Barber
Address Laytonsville Md
19. 40 July 12 19 40 (Date rec'd by registrar) L. D. Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1940, at 2:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9th 1940, to July 10th 1940, and that I last saw him alive on July 10th 1940.

Immediate cause of death Cardiac Dilatation — DURATION 18 hours
Due to Myocarditis with Hypertension — 4 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Sandy Spring Md. Date signed 7/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

07764

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(181)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

WITHIN CORPORATE LIMITS OF

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 months 21 days

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 723 Carroll Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rhea (Lamila) Thompson

3. (b) Social Security Number

4. Sex female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife x x x

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1921

8. AGE: Years 19 Months 5 Days 3 If less than one day hrs. min.

9. Birthplace Allentown, Penna.

(Town, county, and state)

10. Usual occupation School

11. Industry or business Attending College

FATHER

12. Name William Lee Thompson

13. Birthplace ? Pennsylvania

MOTHER

14. Maiden name Florence Matilda Guildin

15. Birthplace Maxatawney, Penn'a

16. Informant Washington Sanitarium & Hospital Records

Address Takoma Park, Md.

17. Washington D.C. (Burial, cremation, or removal. Which?) Date thereof July 11th 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director W. W. Chambers Co.

Address 1400 Chapin St. NW

19. July 11th 1940 (Date rec'd by registrar) J. William Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 1 25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 1940, and that I last saw her alive on July 1940.

Immediate cause of death Acute dilatation of Right Ventricle of heart - There was no burning building involved.

Due to Severe burns (2nd degree) Septic ulcers (decubitis)

Due to Deceased was standing in front of gas heater, and nightgown caught fire.

Other conditions C.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

2 days

5 2/3 mos

3 mos

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Accidental burns. Injured at work?

23. SIGNATURE A E Coyne M D M. D. or other

Address Takoma Park Date signed July 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

07765

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery WITHIN CORPORATE LIMITS OF

City or town Takoma Park, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Washington San. & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 days

Stay in this community (yrs., or mos., or days) 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Fauquier

City or town Warrenton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Walter Gordon Trow Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26 1911

8. AGE: Years	Months	Days	If less than one day
28	9	20	hrs. min.

9. Birthplace Warrenton, Virginia (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Dept. Justice U.S. Gov't.

FATHER 12. Name Dr. Walter Gordon Trow, Sr.

13. Birthplace Washington, D.C.

MOTHER 14. Maiden name Elizabeth Harper

15. Birthplace Lauden Co. Virginia

16. Informant Washington Sanitarium Records

Address Takoma Park, Md.

17. Removal. (Burial, cremation, or removal. Which?) Date thereof 7-17-40 (month) (day) (year)

Cemetery or crematory Warrenton, Va.

Location

18. Funeral director Lee W. Wine Co. Inc.

Address 2900 M st. Wash. D.C.

19. July 17 1940 (Date rec'd by registrar) J. William Redd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 16 1940 and that I last saw him alive on July 16 - '40 1940

Immediate cause of death	DURATION
Uremia	one week
Due to Ch. Glom. Nephritis	14 years
Due to Strep Sore Throat	one week
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Gubbs M.D. M. D. or other

Address Takoma Park Md. Date signed July 16-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

07765

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
County Montgomery
City or town Silver Springs
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: 711 Montgomery Ave.
Stay in hospital or Inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)
State Maryland County Montgomery
City or town Silver Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 711 Montgomery Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME ELISE F. VOELCKNER

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Kurt F. Voelckner
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 24 1872

8. AGE: Years	Months	Days	If less than one day
67	8	3	hrs. min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name August Fohrmeister
13. Birthplace Germany
MOTHER 14. Maiden name Auguste Voelckner
15. Birthplace Germany
16. Informant Charlotte N. Zuber
Address 711 Montgomery Ave.
17. Prospect Hill Cem (Burial, cremation, or removal. Which?) Date thereof July 30 1940 (month) (day) (year)
Cemetery or crematory Prospect Hill Cem. Washington D.C.
Location Washington D.C.
18. Funeral director Martin W. Hysong Co
Address 1300 - N St N.W. Wash. D.C.
19. July 27 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1940, at 3:38 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1940, to July 27 1940 and that I last saw her alive on July 23 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	
c right hemiplegia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John E. Everett M.D. M. D. or other
Address 6301 14th St N.W. Wash. D.C. Date signed 7/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

CERTIFICATE OF DEATH

07767

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. — Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: 23 Hesketh St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): About 24 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Chevy Chase Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 23 Hesketh Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Nina Van Arsdale West

3. (b) Social Security Number: None

4. Sex: ~~Male~~ Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Vernon E. West
6(c) If alive, give age: ____ years
7. Birth date of deceased (mo., day, yr.): September 24, 1890
8. AGE: Years: 49 Months: 10 Days: 15 If less than one day: ____ hrs. ____ min.
9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Charles E. Van Arsdale
13. Birthplace: Unknown
MOTHER 14. Maiden name: Mary E. Knox
15. Birthplace: Iowa
16. Informant: Mr. Vernon E. West
Address: 23 Hesketh St., Chevy Chase, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 11, 1940 (month) (day) (year)
Cemetery or crematory: Glenwood
Location: Washington D. C.
18. Funeral director: Wm. Reuben Pumphrey
Address: Bethesda Maryland.
19. 7-10-40 (Date rec'd by registrar) 19____ B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7.9.40 19____, at 6 10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to July 8, 1940, and that I last saw her alive on July 8 1940.

	DURATION
Immediate cause of death: Metastatic Malignancy	
Due to: Sarcoma Thigh	
Due to:	
Other conditions: Renal Failure Terminal	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Sarcoma Thigh
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work?

23. SIGNATURE: H. N. Leffler, M. D. or other
Address: 422-Marietta Rd. N.W. Date signed: 7/9/40

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07768

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Rural near Rockville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baly Whitworth If U. S. Veteran, specify WAR

(a) Residence: No. R F D #2 Rockville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 22-1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Rockville Maryland

FATHER

13. NAME Wm. James Whitworth

14. BIRTHPLACE (city or town) (State or country) Baltimore Co - Maryland

MOTHER

15. MAIDEN NAME Helen Beale Whitworth

16. BIRTHPLACE (city or town) (State or country) Baltimore Co - Maryland

17. INFORMANT (Address) Helen B. Whitworth Rockville #2 - Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Parent Baltimore Date July 23, 1940

19. UNDERTAKER (Address) Wm James Whitmore Rockville Md

20. FILED 7/22/, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on July 22, 1940; death is said to have occurred on the date stated above, at 1150 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coroner Case unattended by physician Probably suffocation.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Hawkins Quint Co M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07769

Reg. Dist. No. 216

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Montgomery Co
City or town: River Rd. near Bethesda Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Near Bethesda, on River Rd.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Eugene Baby Wilson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 15, 1940

8. AGE: Years | Months | Days: 1 | If less than one day: ..... hrs. ..... min.

9. Birthplace: River Rd. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Moses Wilson
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Twyman
15. Birthplace: Leesburg, Va.

16. Informant: Mary Wilson
Address: River Rd. Near Bethesda, Md

17. (Burial, cremation, or removal. Which?) Buried Date thereof July 17 1940 (month) (day) (year)
Cemetery or crematory: County Home
Location: Rockville Md

18. Funeral director: Robert L. Lawrence
Address: Rockville Md

19. July 17 1940 (Date rec'd by registrar) B.C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1940 at 11:59 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19.. to 19.. and that I last saw h.. alive on 19..

Immediate cause of death: Coroner's Case Unattended by a Physician Probable Central Nervous System Disease Duration

Due to: Duration Mother has been of the deaf for some time with inadequate treatment

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C E Hawks M.D. or other
Address: Rockville Md Date signed 7/17/1940

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07770

Reg. Dist. No. 216

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Mont. Co.
City or town: River Rd. near Bethesda
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Mont. Co.
City or town: River Rd. near Bethesda
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Jean Wilson

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 15, 1940
8. AGE: Years | Months | Days | If less than one day: hrs. 30 min.
9. Birthplace: md. River Rd.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Moses Wilson
13. Birthplace: md
MOTHER 14. Maiden name: Mary Twyman
15. Birthplace: Leesburg Va.
16. Informant: Mary Wilson
Address: River Rd. Bethesda md
17. (Burial, cremation, or removal. Which?) Date thereof July 17 1940 (month) (day) (year)
Cemetery or crematory: County Home
Location: Rockville Md
18. Funeral director: Robert L. Knowles
Address: Rockville Md
19. July 17 1940 B.C. Perry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940 at 7 P.M.
21. I CERTIFY that I saw deceased on the date above stated; that I attended deceased from ..... 19.. to ..... 19.. and that I last saw h.. alive on .....
Immediate cause of death: Probably Cerebral Hemorrhage due to illness. No Dr. has been consulted in 4 years
Due to: without adequate treatment
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C.E. Hawkes M.D. or other
Address: Rockville Md Date signed 7/17/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

07771

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 708 Ridge Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME August Wurdeman

3. (b) Social Security Number none

4. Sex M.

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth K. Wurdeman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1870

8. AGE: Years 69 | Months 7 | Days 16 | If less than one day hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER 12. Name Charles Wurdeman

13. Birthplace Germany

MOTHER 14. Maiden name Elizabeth Volland

15. Birthplace Germany

16. Informant Elizabeth K. Wurdeman

Address 708 Ridge Ave

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7 / 20 / 1940 (month) (day) (year)

Cemetery or crematory Washington

Location D.C.

18. Funeral director Deal Funeral Home

Address 4812 Ga. Ave. N.W. Wash D.C.

19. July 22nd 1940 (Date rec'd by registrar) J. Herman Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 20 1940, and that I last saw h I M alive on July 19 19

Immediate cause of death Cardiac dilatation

Due to Broncho-pneumonia

Due to

Other conditions general debility, old age

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. A. Shannon M.D. M. D. or other

Address 112 Carroll St. N.W. Date signed July 20 '40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 29 1940
BUREAU V. S.